

INTRODUCTION

Chapter 125 of the Iowa Code requires substance abuse treatment programs to be licensed by the Iowa Department of Public Health, Division of Behavioral Health. If your program is to be licensed or relicensed, please review all instructions carefully.

The following documents must be completed and mailed to the Department to make an application or re-application for correctional treatment services: The documents are available on our website: www.idph.state.ia.us/bh/admin_regulation.asp.

- **Application and Procedures for Licensure;**
- **American With Disabilities Act Survey Form.**

The following documents and web-links are also provided for your information on our website:

- Chapter 155 Licensure Standards for Substance Abuse Treatment Program;
- Iowa Department of Public Health, Division of Behavioral Health Licensure Inspection Weighting Report;
- Iowa Administrative Code Chapter 125;
- Confidentiality Regulations 42 Code of Federal Regulations;
- Health Insurance Portability and Accountability Act; and,
- American Society for Addiction Medicine Criteria.

The completed application form **is to be submitted within thirty (30) days from receipt of renewal notification** with the required supplemental materials to:

**Iowa Department of Public Health
Division of Behavioral Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0025**

In the event a program has difficulty in completing the form, or questions of interpretation arise, the program should contact the Division at (515) 242-6161.

LICENSURE PROCEDURES

I. PHASE 1 - APPLICATION PROCESS:

- A. Receipt of Application:** Upon request by new applicants, an application shall be available at our website: www.idph.state.ia.us/bh/admin_regulation.asp.
- B. Application Review:** When a correctional facility submits the completed application a thorough review of the application will be made by the Licensure Section for completeness. If additional information is required, a written request will be sent specifying the additional information needed.

All programs applying for an initial license shall be inspected by the Department of Public Health, Division of Behavioral Health.

The application for licensure must be complete and will be reviewed prior to a scheduled on-site review.

II. TECHNICAL ASSISTANCE:

All correctional facilities applying for the first time for a license to operate substance abuse treatment program will be visited by an appropriate staff member for the purpose of providing technical assistance regarding the licensure standards. Such technical assistance visits shall be scheduled and conducted following the department's receipt of the licensure application. Technical assistance can be waived at the discretion of the program, by notifying the Division in writing.

III. PHASE 2 - LICENSURE ON-SITE PROGRAM INSPECTION:

- A. On-site Inspection:** An on-site licensure inspection of the program will be conducted within a time frame established by the Division following the receipt and review of the application for licensure. During this visit, the on-site inspection team will meet with the director, selected staff members and clients. Patient/client records and program policies and procedures will be reviewed. Upon completion of the inspection, the Division will submit an inspection report to the Iowa Board of Health, and a copy will also be mailed to the program.
- B. Iowa Board of Health Meeting:** At the Iowa Board of Health meeting, the inspection reports and application forms will be reviewed by the board members. The Iowa Board of Health will render a decision on issuance or denial of a license based on the review and the Department's recommendation.
- C. Iowa Board of Health Approval of a License:** Those applicants whose applications are approved will be issued a license which contains two principle categories of information. The first will describe the type and nature of services that the program is authorized to provide (i.e., residential treatment, outpatient, etc.). The second will represent the time

frame for which the license is issued. A renewable license may be issued for one, two or three years.

Because of not having clinical treatment services operating, a program applying for an initial license is eligible for only a 270 day license upon recommendation of the Department and approved by the Iowa Board of Health.

A license issued for 270 days cannot be renewed or extended. The renewal of a one, two or three year license shall be contingent upon demonstration of continued compliance with the licensure standards. A licensure weighting report is used to determine the type of license a program qualifies for based on point values assigned to areas reviewed and total number of points attained.

IV. DENIAL OF A LICENSE

Please refer to sections 641-155.10 (125) Grounds for Denial of Initial License and 641-155.11 (125) Suspension, Revocation, or Refusal to Renew a License of IAC-641, Chapter 155, Licensure Standards for Substance Abuse Treatment Programs, for detailed information.

APPLICATION INSTRUCTIONS

The same application form is utilized for initial applicants for licensure as well as for renewal of an existing license.

The form itself contains seven (7) major areas of information, each of which must be completed in detail. The seven (7) major areas in the following application instructions correspond to the seven (7) areas in the application form.

- 1. CORRECTIONAL FACILITY NAME AND ADDRESS:** The full official title of the program must be used. Give the telephone number, fax number, address (including zip code) and e-mail address of the program's headquarters; and, if the program uses more than one facility, provide the addresses, telephone numbers and purpose or type of services provided for all facilities. Also list the hours of operation for each facility.
- 2. WARDEN/SUPERINTENDENT/DISTRICT DIRECTOR:** Include the full name, title and address of the director or administrative head of the program.
- 3. STAFF MEMBERS:**
 - A. Provide names, titles, dates of employment, education, and years of current job-related experience of staff. Provide a copy of the table of organization. Where multiple components and/or facilities exist, relationships between component and or facilities must be shown.
 - B. Provide a description of the screening and training process for volunteer workers, where applicable.
- 4. PROGRAM SUPPORTIVE PERSONNEL:** Provide the names, addresses and license number, where appropriate, of all physicians, other professionally trained personnel, medical facilities, and other individuals or organizations with whom the program has a direct referral agreement/contract or is otherwise affiliated. Attach a copy of each contract or affiliation agreement.
- 5. SERVICES:**
 - A. Check the program components for which application is being made. Also, identify capacity, by gender.
 - B. Provide a description of the nature of treatment or other services provided by the substance abuse treatment program. State major program goals or objectives of each program component. If this information is included in the program's procedures manual, please indicate such in item 5.B. and omit any further narrative description.

6. Submit copies of reports substantiating compliance with federal, state and local acts, ordinances, rules and amendments for all facilities, include state fire marshal's rules and fire ordinances, appropriate local health, fire, and occupancy code compliance.
7. Submit copies of the following materials in order to facilitate and expedite the on-site inspection. These materials will be returned to the program upon request.
 - A. A disc containing current policies and procedures manual (each initial or re-applicant needs to submit a complete comprehensive Policy and Procedure Manual);
 - B. Annual in-service training plan(s); and
 - C. Personnel policies.

When completed, mail the application form and supplemental materials to:

**Iowa Department of Public Health
Division of Behavioral Health
Lucas State Office Building
321 E. 12th Street
Des Moines, Iowa 50319-0075**

CORRECTIONAL FACILITIES APPLICATION FOR LICENSURE	
1. Program Name: Address: Counties Served: Telephone and Fax numbers () () E-Mail Address Status of Facility: Purpose or Type of Services Provided: Days and Hours of Operation:	 <hr/> <hr/> <hr/> <hr/> <div><input type="checkbox"/> New <input type="checkbox"/> Existing/Same</div> <hr/>
ADDITIONAL FACILITIES (if applicable)	
Facility Name: Address: Telephone and Fax numbers () () Status of Facility: Purpose or Type of Services Provided: Days and Hours of Operation:	 <hr/> <hr/> <hr/> <div><input type="checkbox"/> New <input type="checkbox"/> Existing/Same</div> <hr/>

2.	Warden/Superintendent/ Director: Title: Address: Telephone and Fax numbers E-Mail Address:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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3. STAFF MEMBERS AND VOLUNTEERS

Please type or print. (Attach supplemental sheet, if necessary).

Name	Title	Date of Employment	Number of Years of Formal Education	Academic Degree(s) or Certificates Earned	Years of Current, Paid, Job Related Experience	Type of License or Certificate and Date of Expiration

4. Provide the names, addresses and license numbers, where appropriate, of all physicians, other professionally trained personnel, medical facilities, and other individuals or organizations with whom the program has a contract or affiliation. Attach copies of all contracts or affiliation agreements.

5. **A. LICENSURE APPLICATION IS BEING MADE FOR:**

_____CORRECTIONAL PRIMARY RESIDENTIAL TREATMENT PROGRAM

_____Beds-Male _____Beds-Female

_____CORRECTIONAL EXTENDED RESIDENTIAL TREATMENT PROGRAM

_____Beds-Male _____Beds-Female

_____CORRECTIONAL OUTPATIENT TREATMENT PROGRAM

_____Male _____Female

B. DESCRIPTION OF PROGRAM'S SERVICES AND GOALS.

6. Submit copies of reports substantiating compliance with federal, state and local rules and laws for each facility; to include, appropriate Iowa Department of Inspection and Appeals rules, state fire marshal's rules and local fire ordinances, and appropriate local health, occupancy code, other applicable safety regulations and pharmacy license.
7. Submit copies of procedures manual, staff development and training program, personnel policies, Department of Corrections inspection report, and/or documentation of ACA accreditation (if applicable).

Applicant's Signature

Title

Date